PARCEL (STATE) I.D. #_____
 LOCAL I.D. #_____

 R#______
 DISTRICT______
 Assessment Year _____

AFFIDAVIT FOR AGRICULTURAL LAND CLASSIFICATION

	Mailing Address:
Legal Description of Property (if len	gthy, please attach):
	guous or noncontiguous parcels of land under one (1) operation owned or leased shall qualify for he land meets each of the following four qualifications (initial all that apply):
1. The land is presently being used a	nd employed for an agricultural purpose. Initial the applicable classification:
Cultivation of the soil for p	roduction of crops
Production of timber produ	cts or grasses for grazing
Grazing of livestock	
	atted subdivision. Pursuant to $\$39-13-103(b)(x)(B)(II)$ individual subdivision parcels of thirty- twise qualifies as agricultural land" may be considered for agricultural classification.
The land is not leased land from the marketing of agricultural p	and the owner has derived annual gross revenues of not less than five hundred dollars (\$500.00) roducts from the subject land.
	essee has derived annual gross revenues of not less than one thousand dollars (\$1,000.00) from the The applicant must provide name and address of lessee.
Lessee Name:	
Mailing Address:	
4The land has been used con	sistent with the land's size, location and capability to produce as an agricultural operation.
If the land has not met the requirement Attach explanation.	ents of 3 and 4 above, I state that at least one of the following occurred (initial all that apply).
The land has experienced a	n intervening cause of production failure beyond my control.
I have caused a marketing of	delay for economic advantage.
The land participates in a b previous year shall suffice.	ona fide conservation program in which case proof by an affidavit showing qualifications in a
A crop has been planted that	at will not yield an income in the taxable year.
Ι	, the owner(s) of the land described above, do solemnly swear (or affirm) that land ted above has met the requirements of $\$39-13-103(b)(x)(B)$ which are outlined in this form.
	ted above has met the requirements of $\$39-13-103(b)(x)(B)$ which are outlined in this form.
	Date:
Printed Name(s):	Phone:
State of)	Subscribed and sworn before me this day of,20 by
)ss County of)	

Pursuant to §39-13-103(b) (x) (C)... "When deemed necessary, the county assessor may further require supporting documentation."